

Strictly Dental Receptionist Inc.
Leadership/Management Workshop
Anna Kucharek
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www.thedentalreceptionist.com
thedentalreceptionist@gmail.com

***PLEASE INDICATE (check mark) IF:

PAYING IN FULL BY January 15th, 2024 _____ (INITIAL)
OR PAYING BY SPLIT-PAYMENT OPTION: _____ (INITIAL)

Enrolment Contract for the Level 2: Leadership / Management Workshop

Workshop Fee: \$1895.00 + GST (\$94.75) = **\$1989.75 ALL HANDOUTS ARE INCLUDED** (to be printed)!

***ONLINE Workshop: Each attendee is required to have a laptop or PC with a camera and an internet connection in order to attend the workshop.

Leadership/Management Workshop: 16 sessions, 1 - 2 evenings per week, 2 hours per workshop
Next Start Date: January 25th, 2024 **Workshop Times:** **Select Mondays and Thursdays 6-8PM**
(Schedule attached)

GENERAL CLASS CONTRACT – Please read carefully!

1. Must be 18 years or older or have a high school diploma or GED.
2. **Prerequisites:** Completion of The Dental Receptionist Workshop and 6 months of active work experience as a dental receptionist OR Minimum of 1 year dental reception work experience. (To be verified by Strictly Dental Receptionist Inc., if necessary)
3. A non-refundable registration fee/deposit of \$675.00 is due upon signing this contract.
4. Tuition may be paid e-transfer or Credit Card. All payment are payable to "**Strictly Dental Receptionist Inc.**".
5. (If a payment is returned for insufficient funds, you will be charged a fee of \$75.00 and must pay within 48 hours of NSF notification.)
6. **If paying in full:**
Balance of the fee (\$1314.75) is due and must be PAID-IN-FULL on or before January 15th, 2024.
7. **If paying by Split-payment option:** schedule for payments is as follows: non-refundable \$675.00 deposit upon signing this contract plus the following payment schedule on or before:

January 15th, 2024 = \$700.00 / February 15th, 2024 = \$700.00

***Please note that the split-payment option has a built-in administrative fee of \$81.99+ GST _____ (INITIAL HERE)

***The Split Payment option requires that all post-dated payments are guaranteed by a pre-authorized split- payment agreement (to be signed) and must received by Strictly Dental Receptionist Inc. on or before January 15th, 2024

BY MAIL:

8. **All forms and fees (if applicable) can be mailed to:**
Strictly Dental Receptionist Inc.
#51, 8717 – 159 Street
Surrey, BC, V4N 5R9

(INITIAL HERE)

OR

BY EMAIL:

All enrollment forms, deposits and 1st tuition payments or payments in full can be sent by email / e-transfer to thedentalreceptionist@gmail.com

9. There are no credits or refunds for missed classes.
10. ***Please note that missing more than 2 workshop sessions out of 16 will result in not being able to receive a Certificate of Completion.
11. Please note that if you need to cancel your enrollment on or after January 2nd, 2024, you are responsible for 50% of the total tuition fee. After January 2nd, 2024, no refunds will be issued and you will be responsible for the entire tuition fee in full.
12. If you wish to defer your enrolment to another class, you can do so once. Please note that you need to notify Strictly Dental Receptionist Inc. no later than January 2nd, 2024. After this date, you can no longer defer your enrollment and will forfeit the deposit.
13. The use of cell phones is strictly prohibited during the workshop.
14. If you require additional final exam sessions other than the ones designated by the workshop, you will need to pay an exam fee of \$99.00+GST. You can retake the final exam a maximum of 1 time.
15. By signing, you agree that you are voluntarily participating in the Leadership / Management Workshop presented by Strictly Dental Receptionist Inc. and assume all risks to yourself and acknowledge that it is your responsibility to decide if you are physically and mentally fit for participation.
16. You understand that this is a private online training class and not affiliated with any other institution or business.
17. The Leadership / Management Workshop content is the sole property of Strictly Dental Receptionist Inc. and is not to be recorded or taped. It is to be used only by the Workshop attendee as registered with Strictly Dental Receptionist Inc. and not to be shared with any other party.

I, _____, agree to abide by the conditions set forth above.

SIGNED: _____ DATE: _____

E-Mail: _____ Phone Number: _____